

1378

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

44

5 CE OF DEATH 8 AND 98 IAL RESIDENCE X-	1. PLACE OF DEATH A. COUNTY Yuma		B. LENGTH OF STAY IN THIS TOWN 25 yrs. IN ARIZONA 25 yrs.		2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION). A. STATE Arizona B. COUNTY Yuma			
	C. CITY OR TOWN Roll		<input type="checkbox"/> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN Roll <input type="checkbox"/> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS			
D. FULL NAME OF HOSPITAL OR INSTITUTION Roll		D. STREET ADDRESS 1 blk. So. of School						
DECEDENT PERSONAL DATA 180 4 255	3. NAME OF DECEASED (TYPE OR PRINT) DORA		FIDELE		GILMORE		4. SEX F	5. COLOR OR RACE White
	6. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Widowed		7. DATE OF BIRTH MONTH DAY YEAR May 4 1877		8. AGE (IN YEARS) LAST BIRTHDAY 80		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). Housewife	
	9B. KIND OF BUSINESS OR INDUSTRY Home		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Kansas		11. CITIZEN OF WHAT COUNTRY? U.S.A.		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) No	
	13. SOCIAL SECURITY NO. None		14A. FATHER'S NAME David Ingersoll		14B. BIRTHPLACE (STATE OR COUNTRY) Illinois		15A. MOTHER'S MAIDEN NAME Mary T. Russell	
15B. BIRTHPLACE (STATE OR COUNTRY) Illinois		16. INFORMANT'S SIGNATURE Stephen Gilmore		ADDRESS Roll, Ariz.		17. DATE OF DEATH (MONTH) (DAY) (YEAR) February 12 1955		
CAUSE OF DEATH (ITEM 18) 0 0	18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (1) (2) (3). (C) 443X +THIS DOES NOT MEAN THE MODE OF DYING. SUCH AS HEART FAILURE, ASTHMA, ETC. IT MEANS THE DISEASE INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTED.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (A) Cardiac failure, Bronchial pneumonia ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. DUE TO (B) Hypertensive Cardiovascular Disease DUE TO (C) 11. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.				INTERVAL BETWEEN ONSET AND DEATH 4 days	
	19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
OPERATIONS, AUTOPSY 2	21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY)		21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)		21C. (CITY OR TOWN) (COUNTY) (STATE)			
	21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY M		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
MEDICAL OR CORONER'S CERTIFICATION	22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 2-8-55, 1955, TO 2-12-55, 1955, THAT I LAST SAW THE DECEASED ALIVE ON 2-11-55, 1955, AND THAT DEATH OCCURRED AT 7:25 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.							
	23A. SIGNATURE Nathan D. Allen M.D.		23B. ADDRESS Wellton Arizona		23C. DATE SIGNED 2-12-55			
FUNERAL DIRECTOR AND REGISTRAR 75 2 125	24A. BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input checked="" type="checkbox"/>		24B. DATE Feb. 12, 1955		24C. NAME OF CEMETERY OR CREMATORY The Johnson Mortuary, Inc.			
	24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Yuma, Yuma, Arizona		25A. DATE REC'D BY LOCAL REG. 2/17/55		25B. REGISTRAR'S SIGNATURE Ila Davidson			
26. FUNERAL DIRECTOR'S SIGNATURE The Johnson Mortuary, Inc. Box 310 Yuma Arizona		27. EMBALMER'S SIGNATURE R.E. Johnson		27. EMBALMER'S CERT. NO. 246A				